

MC Care Services Ltd

MC Care

Inspection report

Unit 2, Concord House
41 Overy Street
Dartford
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Date of inspection visit:
12 October 2022
17 October 2022

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03 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

MC Care is a care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the agency was providing care to six people, of which four people received the regulated activity of personal care.

People's experience of using this service and what we found

People felt safe with staff and told us they were comfortable raising a concern or complaint should the need arise.

People's care needs were clearly documented. This included any potential risks to the person and what staff could do to reduce this risk.

People were cared for by a sufficient number of staff who were well trained, competent and followed national guidance in relation to the wearing of personal protective equipment.

People's needs in relation to their food and drink were recorded and where people were supported with this aspect of their care, they were happy with the service provided. People were also supported to go out and continue to do things they enjoyed.

People told us staff were kind, caring and respectful towards them. They were happy with the service they received from MC Care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had good management skills and ran a well organised and efficient agency. All documentation, policies and guidance needed for their registration with CQC were in place and easily accessible. The registered manager was working hard to improve their skills and knowledge with the intention that this would help improve the overall service they provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

MC Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 October 2022 when we made phone calls to people and ended on 17 October 2022 when we visited the location's office.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed the information we held about the service. This included any statutory notifications and safeguarding concerns. We used all this information to plan our inspection.

During the inspection

We reviewed documentation in relation to the care of people, as well as the running of the service. This included four care plans in varying detail, audits and policies. We also looked at two recruitment files for staff, compliments and training information. We spoke with the registered manager.

Prior to our site visit, we spoke with two people who received care from this agency as well as one relative to hear about their experience of the care they received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were given a copy of the agency's safeguarding policy and encouraged to report anything of concern.
- Staff had received training in how to identify potential signs of abuse and knew what to do should this occur. A staff member said, "We have a duty to protect people from abuse. We have a policy in place and it's in the staff handbook. If necessary, I would report a concern to CQC, the local authority or the police."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People felt safe with staff. They told us, "It's their level of understanding of my needs" and, "She (the carer) is always nearby because I am not very mobile."
- Risks to people had been identified and guidance was available to staff. One person had a risk assessment in place for showering which clearly stated staff should check the non-slip mat was in place. Another, who required equipment for transferring, was recorded as having, 'tender skin' and that staff should be gentle when moving them.
- Each person had a risk assessment in place for their property which covered all safety aspects relating to the internal and external premises.
- People were provided with a handbook which gave details on how to contact the agency in an emergency or out of hours.
- There had been no accidents or incidents since the service registered with CQC. However, the registered manager had a system in place to record these should they occur.

Staffing and recruitment

- Staff turned up when people expected them. People said, "They always turn up on time", "Yes, she (the carer) is here when we expect her" and, "She is very reliable, time-keeping wise and if she is going to be late, she will always let me know."
- The service had a sufficient number of staff for all care visits. This had helped to ensure people always received their visit and that staff were not rushed when with people.
- Staff were recruited through a robust process which included giving proof of ID and their right to work in the UK, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were independent in taking their medicines. One person told us, "I take them independently."

- The service did not support anyone with their medicines at the time of the inspection. However, we saw evidence that staff had been provided with medicines training and the registered manager had obtained a train the trainer qualification in medication so they could offer safe support if needed.
- There were also policies and processes in place to manage medicines for when the need arose.

Preventing and controlling infection

- Staff wore appropriate personal protective equipment (PPE). A relative said, "Oh yes, she (the carer) is always wearing PPE."
- There was stock of PPE available in the office for staff use. We saw evidence staff had received infection prevention and control training.
- People said care staff were respectful of their homes and tidied and cleaned up after them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people prior to commencing their care to ensure they could meet people's needs.
- Care plans were developed from the initial assessment and sent to the person to read and sign. Care plans were reviewed regularly to help ensure they were always up to date.

Staff support: induction, training, skills and experience

- Staff were competent in their role. A person said, "She (the carer) is very competent." A relative said, "She is well trained. She will check he takes his medicines, etc. She keeps all the checks on her phone (hand-held device)."
- Staff received a wide range of training which included first aid, fire safety, epilepsy, diabetes, diet and nutrition and moving and handling.
- Observational competency checks and spot checks were completed on staff to check they were working to best practice.
- Staff had the opportunity to meet with their line manager through a formal appraisal. This gave them the chance to discuss their work, training requirements or any concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- Those who had meals prepared by staff, were happy with this aspect of their care. One person said, "She (the carer) helps me decide what I am going to have."
- People's dietary needs were recorded in their care plan. This included information on their likes, dislikes or any allergies.
- Where people required support to eat, instructions to staff were clear. Such as allowing people more time to chew their food if they had difficulty swallowing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager said they held information on a person's GPs and any other healthcare professional involved in their care, so they could contact them if needed. They said, "If I notice someone is unwell, then I can call them (the professional) myself."
- There had not been no occasions so far when staff had to call an ambulance, although we were told by staff, "We would always wait with the person until the ambulance arrived."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People receiving care from the agency had capacity to make their own decisions. We saw they had signed their care plan to consent to the care being provided by MC Care.
- Staff knew when to complete a capacity assessment and best interests decision. One person had bed rails and the registered manager had completed a capacity assessment for this, involving the person in this decision.
- Staff were knowledgeable in relation to the MCA. We were told, "It's the client having the ability to understand the information given to them, their ability to retain the information and to weigh up the decision."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People felt well treated by staff. One person told us, "They listen to me and understand me. They are kind and caring" and, "She always makes sure I have everything I need before she leaves." A relative said, "[Staff name] is very, very good. I would like to keep her if I can." They added, "She is kind, caring and respectful."
- People felt involved in their care. One person said, "She (the carer) always asks me if there is anything I need or would like. She takes an interest in me."
- People's individuality was recognised. One person's care plan recorded they had no religious beliefs, but their weekly well-being group was important to them. Another's recorded they were Roman Catholic, but no longer attended church.

Respecting and promoting people's privacy, dignity and independence

- Staff showed respect to people. A relative said, "[The carer] will shower him to make sure he is properly washed and she stays with him the whole time. Sometimes she will shave him which I'm not very good at." They added, "She always cleans up after his shower and puts everything back where it goes. I like that."
- One person had commented during a quality monitoring call, 'I am so grateful. She (the carer) is supportive and respectful'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People felt staff met their needs. One person told us, "Some days I am not so good. Staff can recognise that and they take that into consideration when they provide care to me."
- People's care plans were comprehensive. They included information on all aspects of a person's care needs which included their nutrition, continence, sleep, mobility and mood.
- One person's care plan was clear in how they liked to take their shower and what the temperature the water should be. Another's instructed staff to make sure they were suitably positioned when being supported to eat.
- The agency was not providing end of life care to anyone at the time of the inspection but we noted the registered manager had completed a 'train the trainer' course in end of life care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which recorded specific information to staff about the person. This included specific guidance for staff, for example to give people time to express themselves or to be patient and calm to support the person to understand instructions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had started to gather background information on people to help get to know them better and to support staff with topics of conversation.
- The agency offered a companion service where staff accompanied people out into the community to places of their choice, such as a local social group or the shops.

Improving care quality in response to complaints or concerns

- People and relative's said they would be happy to raise any concerns. One person said, "I could always talk to [registered manager] about anything."
- The service had a complaints policy in place, but no complaints had been received since the service registered with CQC. However, we saw a number of compliments such as, 'I've needed care for 10 years and

have used various agencies. MC Care is without a doubt the best. Communication is good and my carer is wonderful'.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very happy with the care provided by the agency. People told us, "They are very good" and, "I am quite happy with the service." A relative said, "It's her (the carer's) way, she is just really caring." Someone had complimented the agency by saying, 'We are very impressed with the kindness and professionalism of the staff'.
- People were given the opportunity to feedback their views through questionnaires. Responses were positive with people giving a score of, 'good' or 'very good' to each question. One person said there was nothing they could think of to improve the service they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- To date the agency had received no complaints and no one had suffered an accident or incident.
- Staff had undertaken training in duty of candour, which helped prepare them should they need to put this into practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was competent in their role. They ran a well-organised service which help up to date and easily accessible documentation. The registered manager was able to answer all of our questions with ease, knew people well and could demonstrate a good understanding of the national guidance, such as the Mental Capacity Act 2005.
- The registered manager was aware of their requirements to notify us should an incident or safeguarding concern occur, although there had not been an occasion to date when a referral was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance visits to people and phone calls took place to routinely check they were happy with the service they received. Comments received included, 'I am quite happy with MC Care. They have sent me an angel' and, 'She (the carer) is passionate and caring. She is punctual and helpful in taking care of me'.
- Where people suggested improvements, the registered manager responded to these. One person had commented they would like, 'faster response to emails'. The registered manager said they informed the person of the email address which they checked daily.

Continuous learning and improving care; Working in partnership with others

- The registered manager had undertaken an extensive range of training to, "Better myself and my knowledge, so I can pass on what I learn to people that I care for in the way of the service I provide." This included a degree and a diploma in health and social care and numerous 'train the trainer' qualifications.
- The registered manager worked with live-in carers from other agencies to meet people's care needs. They worked with the local authority and watched webinars provided by Skills for Care.